

**CERTIFICATE FOR CREDITING CME HOURS BY THE TAMIL NADU
MEDICAL COUNCIL FOR REGISTERED MEDICAL PRACTITIONERS
UNDERGOING POST GRADUATE COURSE**

Signature of the Registered Medical Practitioner : _____

This is to certify that Dr _____,
Aadhaar No _____ and TNMC Registration No. _____ is
undergoing _____ Postgraduate course, in this
Institution from _____ to _____.

Date:

Dean/ Director